

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8066

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in lb

4 years

c. FULL NAME OF (If NOT in hospital, give location)

5952 Shulte Ave.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5952 Shulte Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

PAULINE

Middle

MARY

Last

ALBERTSON

4. DATE OF DEATH

Month

Aug.

Day

6

Year

1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/15/1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10b. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (City and state or country)

St. Louis

Mo.

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Reb

13b. MOTHER'S MAIDEN NAME

Pauline Martens

14. NAME OF HUSBAND OR WIFE

Frank Albertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Agnes Buescher 5952 Shulte Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary Carcinoma of Urinary Bladder

13 Mo

DUE TO (c)

181.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1, 1946 to Aug 6, 1963 and last saw her alive on Aug 6, 1963. Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

274 Normandy Prof Bldg St. Louis Mo.

22c. DATE SIGNED

8/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

8/9/1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Buchholz Mortuary 5967 W. Florissant

25. DATE RECD. BY LOCAL REG.

AUG 8 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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2 20
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90

